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|---|--|--|--|--|---|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040 | | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 10/14/2011 | |
| NAME OF PROVIDER OR SUPPLIER ARC BRIDGES INC | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN46410 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| W0000 | <p>This visit was for the post certification revisit to a fundamental recertification and state licensure survey conducted on September 2, 2011.</p> <p>Dates of survey: October 11, 13 and 14, 2011</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 11/3/11 by Chris Greeney, Medical Surveyor Supervisor and Ruth Shackelford, Medical Surveyor III.</p> | | | W0000 | | | |
| W0104 | <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on observation and interview, the governing body failed for 4 of 5 clients (clients #1, #2, #4 and #5) living at the group home, to exercise general operating direction in a manner to ensure clients did not pay for hair cuts and hygiene</p> | | | W0104 | <p>Client #1 was reimbursed \$20.92. Client #4 was reimbursed \$2.14. Client #5 was reimbursed \$28.00. Other items cited were personal choice grooming (ie. manicure) and not reimbursed. Amounts due to clients given to accounting</p> | | 11/15/2011 |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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| | <p>products.</p> <p>Findings include:</p> <p>A review of the facility's records was conducted at the facility's administrative office on 10/13/11 at 2:40 P.M.. A financial record review for clients #1, #2, #4 and #5 was completed. The financial review indicated client #1 had paid for hair cuts on 4/23/11 in the amount of \$7.99, on 6/25/11 in the amount of \$10.00 and on 8/10/11 in the amount of \$10.00. The record also indicated: "Receipt dated 4/12/11...mousse \$2.49." The financial record review for client #2 indicated: "Receipt dated 1/8/11, body wash \$3.75...Receipt dated 1/15/11, hairspray \$4.29." The financial record review for client #4 indicated: "Receipt dated 1/8/11, denture cleaner, \$1.50, body wash \$2.00...Receipt dated 6/19/11, body wash \$2.14." The financial record review indicated client #5 paid for a hair cut on 12/2/10 in the amount of \$13.00 and on 8/25/11 in the amount of \$15.00. The record also indicated: "Receipt dated 1/8/11, body wash \$2.14." Further review of client #1, #2, #4 and #5's records did not indicate they were reimbursed for the mentioned expenses.</p> <p>An interview with the Service Coordinator (SC) was conducted on</p> | | | | <p>dpartment on 11/13/11. Clients reimbursed on 11/15/11. (support documents attached)To ensure continued compliance, the Community Services Programs Director will review client budgets every two weeks for three months to ensure clients do not pay for hair cuts and hygiene products.</p> | | |

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| W0125 | <p>10/14/11 at 12:25 P.M.. The SC indicated clients #1, #2, #4 and #5 had not been reimbursed for the mentioned expenses.</p> <p>This deficiency was cited on 9/2/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-1(a)</p> <p>The facility must ensure the rights of all clients. Therefore, the facility must allow and encourage individual clients to exercise their rights as clients of the facility, and as citizens of the United States, including the right to file complaints, and the right to due process. Based on record review and interview, for 1 of 5 clients residing at the group home (client #4), the facility failed to ensure the client's rights by not obtaining a health care representative or legally sanctioned decision maker to assist in medical and financial decisions.</p> <p>Findings include:</p> <p>A review of client #4's record was conducted at the facility's administrative office on 10/13/11 at 3:20 P.M.. Client #4's record indicated she was an emancipated adult. The Conference</p> | | | W0125 | <p>Client #4 has a friend that she is very close to and who has expressed interest in becoming the guardian. The Service Coordinator has actively pursued this avenue in accordance with the client's wishes. An application has been completed for guardianship and is awaiting a court date. If a court date is not obtained by 11/21/11, legal assistance by an attorney will be sought to expedite the process. In the interim, Volunteer Advocates for Seniors has been made aware of client #4's needs. In the event of a major medical or financial decision, they are</p> | | 11/13/2011 |

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| | <p>Summary dated 12/8/10 indicated "Can benefit from assistance in making major life decisions. Seeking guardian for her." The Development Assessment dated 3/15/11 indicated: "Requires assistance with all banking needs including saving money for a particular purpose and spending with some planning. She cannot be sent on shopping errands. She does not make use of charge/credit cards...She does shopping with close supervision...She recognizes fewer than ten words by sight...She does not appear to understand time intervals or equivalents...Does not understand the difference between day-week, minute-hour, month-year." The Individual Support Plan (ISP) dated 12/9/10 indicated: "Individual's Diagnosis: Mild Dietary Deficiency, Circulatory Disorder, Chronic Leg Ulcers, Congestive Heart Failure, Peripheral Vascular Disorder...Will learn information about her medications...will increase her money management skills by learning to identify coins and their values."</p> <p>An interview with Service Coordinator (SC) #1 was completed at the facility's administrative office on 10/14/11 at 12:25 P.M.. SC #1 indicated client #4 did not have legally sanctioned decision maker or health care representative to assist her in making medical and financial decisions</p> | | | immediately willing to assist client #4 with any legal emergency issues. | | | |

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| | <p>and was unable to do so independently. SC #1 further indicated there was no family member available to assist client #4 in making major medical and major financial decisions.</p> <p>This deficiency was cited on 9/2/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-2(a)</p> | | | | | | |